MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03901

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Franklin (Last) Arrington

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 12, 1903

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Pole Line Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Franklin Arrington

14. MOTHER'S MAIDEN NAME: Margaret A. Hunsberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 212-12-2895

17. INFORMANT & ADDRESS: Mrs Ruth Arrington, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Occlusion of coronary artery — Interval Between Onset And Death: 40+ hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 1953, to 4-8, 1953, that I last saw the deceased alive on 4/7, 1953, and that death occurred at 4/8/53 12:00 midnight, from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Lawson, M.D. — ADDRESS Sykesville, Md. — DATE SIGNED 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 4-11-53 — NAME OF CEMETERY OR CREMATORY Springfield — LOCATION (City, town, or county) Sykesville, Md. (State)

DATE REC'D BY LOCAL REGISTRAR April 9, 1953 — REGISTRAR'S SIGNATURE C. Harry Warr

24. FUNERAL DIRECTOR Warr & Haight - Sykesville, Md. — ADDRESS Luther H. Haight

VS. A15

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APR 14 1953
BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03902

Reg. Dist. No. 81

Carroll

1. PLACE OF DEATH: COUNTY Union Bridge Carroll Co. MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allen
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Luke Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) (Last) BALL
4. DATE OF DEATH (Month) Apr (Day) 2 (Year) 1953
5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) unknown
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles Ball
14. MOTHER'S MAIDEN NAME Louis Clark.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs William Grant Western Port. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Artery disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1 Room

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James T Thorsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED Apr 2/1953

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF Apl 6-53 NAME OF CEMETERY OR CREMATORY Bloomington M.D. LOCATION (City, town, or county) Garrett Co. Md (State)

DATE REC'D BY LOCAL REG. April 3 1953 REGISTRAR'S SIGNATURE ~~[illegible]~~ Julia Q. Repp 24. FUNERAL DIRECTOR Raymond T Wright ADDRESS Union Bridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1

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RECEIVED
APR 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03903

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg

LENGTH OF STAY (in this place) 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. ~~COUNTY~~ Balto. City.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.

STREET ADDRESS (If rural, give location) 21 N. Bentalou st.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Charles H. Bentzel

4. DATE OF DEATH: (Month) (Day) (Year) April 25th 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, Married

8. DATE OF BIRTH: June 18-1871

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 10 Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Look binding

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry J Bentzel

14. MOTHER'S MAIDEN NAME: Mary E

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Charles H Bentzel - 56 Hanover Rd Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.2

Immediate cause (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5days

DUE TO

Antecedent cause(s) (b) Cerebral hemorrhage & Hemiplegia

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Chronic myocarditis

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none

(CITY OR TOWN) (COUNTY) (STATE) none

TIME OF INJURY (Month) (Day) (Year) (Hour) not an injury

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? not an injury

22. I hereby certify that I attended the deceased from 4-16-, 1953, to 4-25-, 1953, that I last saw the deceased alive on 4-25-, 1953, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE D. D. Caples, M.D. (DEGREE OR TITLE) ADDRESS 6 Hanover Rd., Reisterstown, Md. DATE SIGNED 4.27.53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr 28-1953

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 4/28/53

REGISTRAR'S SIGNATURE J a W Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul st. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03904

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton

LENGTH OF STAY (in this place) 4 mos. 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-2

STREET ADDRESS (If rural give location) 929 E. Madison St.

3. NAME OF DECEASED: (Type or Print) (First) EMANUEL (Middle) CLINTON (Last) BLACKWELL

4. DATE OF DEATH: (Month) April (Day) 10, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1912

9. AGE last birthday: 41 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Md. Drydock

11. BIRTHPLACE (State or foreign country): Northumberton Co., Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Weldon Blackwell

14. MOTHER'S MAIDEN NAME: Mary Basker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 228-10-4726

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

002X

Immediate cause (a) Far Advanced Bilateral Pulmonary Tuberculosis — Jan., 1950

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1952, to April 10, 1953, that I last saw the deceased alive on April 10 1953, and that death occurred at 11: a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.F. Postal M.D

ADDRESS Henryton, Md.

DATE SIGNED 4-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 4-13-1953

NAME OF CEMETERY OR CREMATORY Lillian Va.

LOCATION (City, town, or county) (State) Northumberton Co., Va.

DATE REC'D BY LOCAL REGISTRAR 4-10-53

REGISTRAR'S SIGNATURE Albert R. Smallhouse Deputy Local

24. FUNERAL DIRECTOR Thomas Kelson-1303 Presstman St. Baltimore, Md.

ADDRESS

RECEIVED
APR 14 1953
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03905

1. PLACE OF DEATH

County Carrol Registration Dist. No. 70

Village or City Carrol Co No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Marie C Bolin

(a) Residence: No. Littlestown R.D. 1 St., Ward. 06 x

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal

4. COLOR OR RACE: Whil

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Married

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 52 Months 11 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) April 1953

11. Total time (years) spent in this occupation 30 years

12. BIRTHPLACE (city or town) McSherrystown (State or country) Penn Adams

FATHER

13. NAME Pius Wierderen

14. BIRTHPLACE (city or town) (State or country) Adams Co Penn

MOTHER

15. MAIDEN NAME Virginia Weaver

16. BIRTHPLACE (city or town) (State or country) Adams Co Penn

17. INFORMANT Marcelus Bolin (Address) Littlestown, R.D. #1.

18. BURIAL, CREMATION, OR REMOVAL Place St Mary Date April 26, 1953

19. UNDERTAKER J T Kiman (Address) McSherrystown Penn

20. FILED April 17, 1953 Mary B. Wilt Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April (Month) 16 (Day) 1953 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1953, to April 16, 1953

I last saw her alive on April 16, 1953; death is said to have occurred on the date stated above, at 5 45 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
coronary artery occlusion	
Other Contributory Causes of importance: influenza	4-14-53
420.4	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Donald B Cooper M. D.

(Address) Littlestown, Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RECEIVED
APR 21 1953
BUREAU OF V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible] 70

CERTIFICATE OF DEATH

Reg. Dist. No. 144

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Detour
LENGTH OF STAY (in this place) 20yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Detour
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Melvin (Middle) Stanley (Last) Bostian

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept.9, 1902

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Garage Owner

10b. KIND OF BUSINESS OR INDUSTRY: Own Garage

11. BIRTHPLACE (State or foreign country): Carroll Co. MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Bostian

14. MOTHER'S MAIDEN NAME: Mary Biehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 218-32-4182

17. INFORMANT & ADDRESS: Rachael Bostian Detour MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1953, to April 27, 1953, that I last saw the deceased alive on April 27, 1953, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE T. H. Legg M D (Degree or title) ADDRESS Union Bridge DATE SIGNED 4-28-'53 Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Apr.30.1953 NAME OF CEMETERY OR CREMATORY Keysville Cem. LOCATION (City, town, or county) Keysville Carroll Co. (State) MD

DATE REC'D BY LOCAL REGISTRAR 4/30/53 REGISTRAR'S SIGNATURE ~~Blanche J. Eyler~~ Ethel McBrung-Ime

24. FUNERAL DIRECTOR M.L.Creager & Son Thurmont. MD ADDRESS

RECEIVED
MAY 6 1953
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster | LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 Court Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 21 Court Street

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Gray (Last) Clemson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 8, 1886

9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: General Practice

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Gray

14. MOTHER'S MAIDEN NAME: Kate Laveille Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): ----------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Arthur Turner Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

15 x

Immediate cause (a) Carcinoma - (stomach & liver) — Interval between onset and death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Nephritis — 2 mo.

(c) Uremia — 1/2 mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

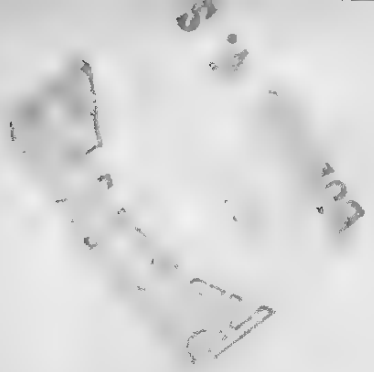
22. I hereby certify that I attended the deceased from May, 1940 to Apr 20, 1953, that I last saw the deceased alive on Apr. 20, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE: W. C. Jennette (Degree or title) MD ADDRESS: Westminster Md DATE SIGNED: 4-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 23, 1953 | NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery | LOCATION (City, town, or county) (State): Union Bridge Md.

DATE REC'D BY LOCAL REG.: 4/21/53 | REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH:
COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (in this place): 2 mo. 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural give location): 1031 Forrest Street

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) VERONICA (Last) CUSATO

4. DATE OF DEATH: (Month) 4 (Day) 23 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: 3-10-95

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 1 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ITALY

12. CITIZEN OF WHAT COUNTRY? Not Known

13. FATHER'S NAME: VINCENZO SALVI

14. MOTHER'S MAIDEN NAME: FILOMENA RICCKIONE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — Interval Between Onset And Death: 4 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO HYPERTENSIVE VASCULAR DISEASE — several years
(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MANIC-DEPRESSIVE REACTION, MANIC TYPE — about 8 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1953, to April 23, 1953, that I last saw the deceased alive on April 23 1953, and that death occurred at 9:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Walther H. Sonnenfeldt, M.D.
ADDRESS: Springfield State Hospital, Sykesville, Md.
DATE SIGNED: 4-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-27-1953
NAME OF CEMETERY OR CREMATORY: Most Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REGISTRAR: April 25 1953
REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Elmer W. Conklin
ADDRESS: 924 E. Eager St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Alfred (Last) Dell
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 25,1873
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Carroll County, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME States Dell
14. MOTHER'S MAIDEN NAME Sarah Brinkner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----
16. SOCIAL SECURITY No. 219-20-2976
17. INFORMANT AND ADDRESS Mrs. Berry Buckingham Westminster, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH One hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myasthenia Gravis — 2 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9, 1953, to 4/9, 1953, that I last saw the deceased alive on 4/9, 1953, and that death occurred at 8 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles Ben
ADDRESS Westminster Md.
DATE SIGNED 4/10/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 12,53
NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery
LOCATION (City, town, or county) Gamber (State) Md.

DATE REC'D BY LOCAL REG. 4/10/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John R. Byers
ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

APR 13 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Sykesville
LENGTH OF STAY in this place: 8/28/51
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 918 E. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) John (Last) DONOVAN

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: 1900 - 12 - 21

9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Sheetmetal worker

10b. KIND OF BUSINESS OR INDUSTRY: Unk -

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Dennis Donovan

14. MOTHER'S MAIDEN NAME: Mary Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown (If Yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma — Interval Between Onset And Death: more than 1 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: paranoid schizophrenia — more than 1½ yr.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from April 8, 1952, to 4-13, 1953, that I last saw the deceased alive on April 13 1953, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D.
ADDRESS: Sykesville, Md.
DATE SIGNED: April 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-16-53
NAME OF CEMETERY OR CREMATORY: St Peters
LOCATION (City, town, or county) (State): Balto. Md.

DATE RECD BY LOCAL REGISTRAR: April 14, 1953
REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: Wm Cook, Inc.
ADDRESS: 1217 E. Fayette St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL) OR TOWN (and give nearest town): Sykesville
MARYLAND LENGTH OF STAY (in this place): since 3/8/46
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): unknown

3. NAME OF DECEASED (Type or Print): (First) John (Middle) J. (Last) DOYLE
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: August 7, 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Shirt cutter
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Baltimore City, Md.
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Arthur Doyle
14. MOTHER'S MAIDEN NAME: Bridget Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): unknown (If Yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Coronary occlusion — Interval Between Onset And Death: 1-2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — over 7 years
DUE TO (c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile psychosis — more than 8 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN) (COUNTY) (STATE): ---
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ---
INJURY OCCURED While at Work ☐ Not While At Work ☐: ---
HOW DID INJURY OCCUR?: ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to April 1, 1953, that I last saw the deceased alive on April 1, 1953, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D.
ADDRESS: Sykesville, Md.
DATE SIGNED: 4/2/53

23. BURIAL CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/4/53
NAME OF CEMETERY OR CREMATORY: Baltimore
LOCATION (City, town or county) (State): Baltimore

DATE REC'D BY LOCAL REGISTRAR: April 4, 1953
REGISTRAR'S SIGNATURE: R.D.

24. FUNERAL DIRECTOR: Philip Herwig Sons
ADDRESS: 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville
MARYLAND LENGTH OF STAY (in this place) since 7/7/42
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 500 N. Patterson Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) C. (Last) FISCHER

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: April 6, 1867

9. AGE Last birthday: 86 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Carpentry

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Christopher Fischer

14. MOTHER'S MAIDEN NAME: Marie Engel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4.7.1X Immediate cause	(a) Multiple lung abscesses	1-2 weeks
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Aspiration bronchopneumonia	1-2 weeks
322.1)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with chronic alcoholism more than 10 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE --- (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947 ., to April 21 ., 19 53 , that I last saw the deceased alive on April 21 1953 , and that death occurred at 8:21 a.m. , from the causes and on the date stated above.

SIGNATURE Martin Gross M.D.

(Degree or title) Martin Gross, M.D.

ADDRESS Sykesville, Md.

DATE SIGNED 4/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 4/24/53

NAME OF CEMETERY OR CREMATORY Baltimore

LOCATION (City, town, or county) Baltimore (State)

DATE RECD BY LOCAL REGISTRAR 4/24/53

REGISTRAR'S SIGNATURE Fred Hedrick Clerk

24. FUNERAL DIRECTOR Philip Herwig Sons

ADDRESS 2024 Orleans St

31

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE
LENGTH OF STAY (In this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LINWOOD
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) THOMAS (Last) FUSS

4. DATE OF DEATH: (Month) 4- (Day) 4 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 11-29-1886

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: HENRY FUSS

14. MOTHER'S MAIDEN NAME: JANE JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

353.1

Immediate cause (a) Cerebral Hemorrhage due to status epilepticus — Interval Between Onset And Death: 24 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Grand mal (idiopathic) epilepsy — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome with convulsive Disorder

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31, 1953, to April 4, 19 53, that I last saw the deceased alive on April 4, 19 53, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or Title): Ilse Kamm, M. D. — ADDRESS: Springfield State Hospital, Sykesville, Maryland — DATE SIGNED: 4-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/6/53 — NAME OF CEMETERY OR CREMATORY: Pleasant View — LOCATION (City, Town, or county) (State): Lineboro, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 6, 1953 — REGISTRAR'S SIGNATURE: C. Henry Weed

24. FUNERAL DIRECTOR: D. D. Hartzler & Sons — ADDRESS: New Windsor & Union Bridge, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 81 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 60 Penna Ave.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) CRAWFORD (Last) HESSON

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 26-1871
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman: Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Canning Factory
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Hesson
14. MOTHER'S MAIDEN NAME: Elizabeth Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 212-14-8905
17. INFORMANT & ADDRESS: Mrs Emma June Hesson 60 Penna. Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
442 X
Immediate cause (a) cardio-renal-vascular disease — INTERVAL BETWEEN ONSET AND DEATH about 3 yrs.
DUE TO
Antecedent cause(s) (b) arteriosclerosis — about 5 years
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 1951, to Apr. 13, 1953, that I last saw the deceased alive on Apr. 14, 1953, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE J. L. Billingslea (DEGREE OR TITLE) M.D. ADDRESS Westminster, Md. DATE SIGNED 4-14-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 16-1953
NAME OF CEMETERY OR CREMATORY Kridler Cemetery
LOCATION (City, town, or county) Westminster (State) Md.
DATE REC'D BY LOCAL REG. 4/14/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR H. Bankard & Son Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville

LENGTH OF STAY (in this place) since 11/10/52

HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE (Vagrant) COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ---

STREET ADDRESS --- (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) --- (Last) HOLMES

4. DATE OF DEATH: (Month) April 17 (Day) (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 15, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). --- Unk

10b. KIND OF BUSINESS OR INDUSTRY: --- Unk

11. BIRTHPLACE (State or foreign country): Glasgow, Scotland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Alexander Holmes

14. MOTHER'S MAIDEN NAME: Isabella Holmes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.34.2

Immediate cause (a) Bronchial pneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardiac decompensation — 3 days

DUE TO

(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with psychosis — 1½ yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.

INJURY OCCURED --- While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Jan. 22, 1953, to April 17, 1953, that I last saw the deceased alive on April 17, 1953, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M. D. (Degree or title) — ADDRESS Sykesville, Md. — DATE SIGNED 4/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 4/20/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Belts City Md (State)

DATE REC'D BY LOCAL REGISTRAR 4-20-53 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 58 Charles St.

3. NAME OF DECEASED: (Type or Print) (First) HENRIETTA (Middle) ELLEN (Last) HUGHES

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-11-1877

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Powell

14. MOTHER'S MAIDEN NAME: Annie Mack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Joseph W. Hughes 58 Charles St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	several hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Paralysis Agitans	3 or 4 yrs
	(c) DUE TO Arteriosclerosis (Gen'l)	several yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 50, to April 12, 19 53, that I last saw the deceased alive on April 12, 19 53 and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Helena Speicher, M.D. ADDRESS Westminster Md. DATE SIGNED 4/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-15-1953 — NAME OF CEMETERY OR CREMATORY Westminster Church Cemetery — LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 4/14/53 — REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR H. Bankard & Son — ADDRESS Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patapsco — LENGTH OF STAY (in this place): 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patapsco
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Lydia	(Middle) Elizabeth	(Last) Knight	4. DATE OF DEATH	(Month) April (Day) 2 (Year) 1953
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Marries	8. DATE OF BIRTH: Mar. 15, 1920	9. AGE last birthday: 33 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Towson, Maryland	12. CITIZEN OF WHAT COUNTRY: USA		
13. FATHER'S NAME: Franklin H. Thompson	14. MOTHER'S MAIDEN NAME: Emma H. Hedde				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -----	16. SOCIAL SECURITY NO.: 212-24-3183	17. INFORMANT AND ADDRESS: Marshall E. Knight Patapsco, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
330 Immediate cause	(a) Sub. arachnoid Hemorrhage	1½ hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malignant Hypertension	7 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April 2, 1953, that I last saw the deceased alive on April 2, 1953, and that death occurred at 8:25 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. C. Porterfield	M.D.	Hampstead, Md	4/2/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Apr. 5, 1953	NAME OF CEMETERY OR CREMATORY: Patapsco Cemetery	LOCATION (City, town, or county) (State): Patapsco Maryland
DATE REC'D BY LOCAL REG.: 4/3/53	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: John R. Byers	ADDRESS: Westminster, Md.

RECEIVED
APR 6 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
MARYLAND
LENGTH OF STAY (in this place) since 4/6/50
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swanton
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED: (Type or Print) (First) Jacob (Middle) Lloyd (Last) KNOX

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower

8. DATE OF BIRTH: unknown

9. AGE last birthday: 74 ? yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer - Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Garrett County, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Samuel Knox

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Senility — 2 yrs.
DUE TO (c) Arteriosclerosis — more than 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — more than 2 yrs.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) ---
TIME OF INJURY (Month) (Day) (Year) (Hour) ---
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from June 17, 1950, to April 23, 1953, that I last saw the deceased alive on April 23 1953, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D.
ADDRESS Sykesville, Md.
DATE SIGNED 4/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-27-53
NAME OF CEMETERY OR CREMATORY Oakland
LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR April 24, 1953
REGISTRAR'S SIGNATURE C. Henry Teer
24. FUNERAL DIRECTOR Bolden Funeral Home
ADDRESS Oakland, Md.

RECEIVED
APR 27

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) 41 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Grove Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural, give location) Maple Grove Rd

3. NAME OF DECEASED: (Type or Print) (First) Worley (Middle) Edward (Last) Martin

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 29, 1891

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Edward Martin

14. MOTHER'S MAIDEN NAME: Elizabeth Bamblitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Elsie (Jane Martin)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive Cardio and Vascular disease (?)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Apr 10, 1953, to April 16, 1953, that I last saw the deceased alive on Apr 16, 1953, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

SIGNATURE Joseph E Bush (DEGREE OR TITLE) M.D. ADDRESS Hampstead Md DATE SIGNED 4/16/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial

DATE THEREOF Apr 18/53

NAME OF CEMETERY OR CREMATORY Manchester

LOCATION (City, town, or county) (State) Carroll Co Md

DATE RECD BY LOCAL REG. 4/17/53

REGISTRAR'S SIGNATURE Henry Reed

24. FUNERAL DIRECTOR Edw Tipton ADDRESS Hampstead Md

RECEIVED
APR 21 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03320

Reg. Dist. No. 75

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millers; LENGTH OF STAY (in this place) Entire Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Manchester Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millers Md; STREET ADDRESS (If rural, give location) Manchester Road

3. NAME OF DECEASED (Type or Print): (First) Missouri; (Middle) Elizabeth; (Last) Miller

4. DATE OF DEATH: (Month) April; (Day) 7; (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 19 1864

9. AGE last birthday: 88 yrs.

If under 1 year: Months; Days

If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Redding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs George E Bollinger Millers Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153x

Immediate cause (a) Metastatic Carcinoma Liver

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Carcinoma Colon

(c)

INTERVAL BETWEEN ONSET AND DEATH: ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1953, to April 7, 1953, that I last saw the deceased alive on April 6, 1953, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph E Bush MD

ADDRESS: Hampstead Md

DATE SIGNED: Apr. 7. 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Buried

DATE THEREOF: 4-9-53

NAME OF CEMETERY OR CREMATORY: Millers Cem.

LOCATION (City, town, or county) (State): Millers Carroll Co Md

DATE REC'D BY LOCAL REG.: Apr. 8/53

REGISTRAR'S SIGNATURE: Mrs W P Donnell

24. FUNERAL DIRECTOR: R B Wisner

ADDRESS: Manchester Md

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00021

Reg. Dist. No. 78

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place): years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rural

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) FLORENCE (Last) NAILL

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12/27/1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Tyler

14. MOTHER'S MAIDEN NAME: Rebecca (not known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: W. W. Reed, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

401.4 Immediate cause (a) Valvular heart disease — 7 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1945, to Apr 27, 1953, that I last saw the deceased alive on Apr 25, 1953 and that death occurred at 11.45 A.m., from the causes and on the date stated above.

SIGNATURE: Elsie Wilkens Nor. D. (Degree or title) — ADDRESS: Westminster — DATE SIGNED: 4/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: 4/30/53 — NAME OF CEMETERY OR CREMATORY: Bethel Cemetery — LOCATION (City, town, or county): Sams Creek, Md. (State)

DATE REC'D BY LOCAL REG.: 4/29-53 — REGISTRAR'S SIGNATURE: E. M. Farver, Local — 24. FUNERAL DIRECTOR: D. D. Fritzler & Sons — ADDRESS: New Windsor, Md.

RECEIVED
MAY 4 1953
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Washington Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster RD #6
STREET ADDRESS (If rural, give location) Old Washington Road

3. NAME OF DECEASED (Type or Print) (First) FOSTER (Middle) LONG (Last) NUSBAUM

4. DATE OF DEATH (Month) April (Day) 17 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH April 24 1877

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumbers Helper (and farmer)

10b. KIND OF BUSINESS OR INDUSTRY Hardware Co.

11. BIRTHPLACE (State or foreign country) Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob Nusbaum

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216-05-6515

17. INFORMANT AND ADDRESS Miss Catherine B. Nusbaum, Westminster RD#6 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr ±

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marked arteriosclerosis — 8 ± yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Apr 17 1953 that I last saw the deceased alive on Apr 11, 1953 and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Reeseboilkins M.D. Westminster Md 4/18

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 20, 53

NAME OF CEMETERY OR CREMATORY Kridler Cemetery

LOCATION (City, town, or county) (State) Rural, Westminster Md

DATE REC'D BY LOCAL REG. 4/18/53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR J. S. Myers Jr. ADDRESS Westminster Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C3323

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Berrett
LENGTH OF STAY (in this place) 3 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Margaret (Last) Parlett
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 12, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Lehman
14. MOTHER'S MAIDEN NAME: Unk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs Howard Hobbs - Sykesville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral hemorrhage
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio-vascular Disease
DUE TO

(c)

Interval Between Onset And Death: 36 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24/ ..., 1953, to 4/26/ ..., 1953, that I last saw the deceased alive on 4/26/, 1953, and that death occurred at 12:06 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin, M.D. ADDRESS Randallstown Md DATE SIGNED 4/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-29-53
NAME OF CEMETERY OR CREMATORY Mt View
LOCATION (City, town, or county) (State) Howard Co., Md.
DATE REC'D BY LOCAL REGISTRAR 4-29-53
REGISTRAR'S SIGNATURE Edna M. Hewitt
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS
Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (SD24)

CERTIFICATE OF DEATH

Reg. Dist. No. 81

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll — STATE Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Key Mar
LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt Union

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Key Mar
STREET ADDRESS (If rural, give location) Mt Union.

3. NAME OF DECEASED: (First) RAYMOND (Middle) THOMAS (Last) RIPPEON
4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3/25/1890
9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: John T. Rippeon
14. MOTHER'S MAIDEN NAME: Maggie W. Haban
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S ADDRESS: Gertie L. Rippeon, Keymar, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
420.1
Immediate cause (a) Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH: 1 hour
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE James T. Rhoads — (DEGREE OR TITLE) Deputy Medical Examiner — ADDRESS Westminster Md — DATE SIGNED Apr 27, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/30/53 — NAME OF CEMETERY OR CREMATORY Md. Union Cemetery — LOCATION (City, town, or county) (State) Union Bridge Rural

DATE REC'D BY LOCAL REG. April 28, 1953 — REGISTRAR'S SIGNATURE Leslie L. Reese — 24. FUNERAL DIRECTOR AND ADDRESS D. D. Hartzler & Sons Union Bridge, Md

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 #3925

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CARROLL — MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL, SYKESVILLE
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 606 NORTH CALVERT STREET

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) JOHN (Last) ROBERTS

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10-20-09

9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH RUBASHEOSKY

14. MOTHER'S MAIDEN NAME: ANNA TELKA

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) Unk — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk-

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

021 X

Immediate cause (a) Syphilitic meningo-encephalitis — Interval Between Onset And Death: years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) ...
DUE TO (c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16 53, to April 29, 19 53 that I last saw the deceased alive on April 29 19 53, and that death occurred at 4:30 amDST, from the causes and on the date stated above.

SIGNATURE Irene L. Hitchman, M.D. — Degree or title — ADDRESS Irene L. Hitchman, M. D. Springfield State Hospital, Sykesville, Md. — DATE SIGNED 4-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-2-53 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) Baltimore, (State) Md.

DATE REC'D BY LOCAL REGISTRAR April 30, 1953 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Wm. Cook Inc. — ADDRESS 1217 N. Paul St.

VS. A15

RECEIVED
MAY 5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03026

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 3mos., 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural give location) 514 Albany Ave.

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) (Last) Rowell

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 2-26-64
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife, midwife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Sisk
14. MOTHER'S MAIDEN NAME: Mary Smith

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Records, Springfield State Hospital, Sykesville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

42[illegible]

Immediate cause (a) Acute cardiac failure due to

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Chronic myocardial degeneration.

(c)

Interval Between Onset And Death: Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24-, 1952 to 4-18-, 1953, that I last saw the deceased alive on 4-18-, 1953, and that death occurred at 12° noon, from the causes and on the date stated above.

SIGNATURE Walther H. Sonnenfeldt (Degree or title) M D
ADDRESS Springfield State Hospital Sykesville Md
DATE SIGNED 4/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-21-53
NAME OF CEMETERY OR CREMATORY Rockland
LOCATION (City, town, or county) Belfre, Ohio (State)

DATE REC'D BY LOCAL REGISTRAR April 19, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md.
ADDRESS Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 62 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. 3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R. 3

3. NAME OF DECEASED: (Type or Print) (First) Gertrude (Middle) May (Last) Schaffer

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	May 8-1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David L. Brown
14. MOTHER'S MAIDEN NAME: Christena Stephan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Geo. Tracy Westminster R 3. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
422.1
Immediate cause (a) Cardio-Vascular Disease — Interval between onset and death: 1 year
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) arteriosclerosis — 5 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to April 6, 1953, that I last saw the deceased alive on Apr. 5, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE J. T. Billingslea (DEGREE OR TITLE) M. D. ADDRESS Westminster, Md. DATE SIGNED 4-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF April 9-1953 — NAME OF CEMETERY OR CREMATORY John & Ethus Miller Cem. — LOCATION (City, town, or county) Baltimore Valley, (State) Md.

DATE RECD BY LOCAL REG. 4/8/53 — REGISTRAR'S SIGNATURE [illegible] — **24. FUNERAL DIRECTOR** H Bankard Son — ADDRESS Westminster, Md.

RECEIVED
APR 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C3328

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marriottsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marriottsville
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print) (First) JENNETTE (Middle) (Last) SMITH

4. DATE OF DEATH (Month) Apr (Day) 11 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH July 2 - 1950
9. AGE last birthday 2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Henry Jacob Smith
14. MOTHER'S MAIDEN NAME Martha Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Marina Smith, Marriottsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

49 - X

Immediate cause (a) Pneumonia - Etiology - Type not determined

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at between 1 and 6 p.m., from the causes and on the date stated above.

SIGNATURE James T. Marsh, Deputy Med. Examiner (Degree or title) ADDRESS Westminster Md DATE SIGNED Apr 11/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-14-53
NAME OF CEMETERY OR ~~CREMATORY~~ Monocacy
LOCATION (City, town, or county) (State) Beallsville, Montgomery, Md.

DATE REC'D BY LOCAL REG. April 13, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Weer & Haight - Sykesville, Md. ADDRESS Luther H. Haight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine — LENGTH OF STAY (in this place): 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lynn (Middle) L. (Last) Sraver
4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 25 1880
9. AGE last birthday: 72 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Eugene Sraver
14. MOTHER'S MAIDEN NAME: Elizabeth Phillips
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Sherman Thomas - 5508 Emerson St. Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
44 X	Immediate cause	(a) Pulmonary oedema - acute	2 hrs
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac decompensation	10 da
		(c) Cardio - Vascular - Renal disease	4 yrs

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Has had a hemiplegia - st.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1953, to 4/8, 1953, that I last saw the deceased alive on 4/8, 1953 and that death occurred at 12:50 P m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabill — (Degree or title) M.D. — ADDRESS: Mt Airy Md. — DATE SIGNED: 4/9/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-10-53 — NAME OF CEMETERY OR CREMATORY: Springfield — LOCATION (City, town, or county) (State): Sykesville, Md.
DATE REC'D BY LOCAL REG.: April 9, 1953 — REGISTRAR'S SIGNATURE: Apr. 14, 1953 Edna M. Hewitt
24. FUNERAL DIRECTOR: Weer & Haight - Sykesville, Md. — ADDRESS: Luther H. Haight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 33930

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfiled State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegany
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland
STREET ADDRESS (If rural give location) 305 South Street

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Jane (Last) Vandegrift

4. DATE OF DEATH: (Month) April, (Day) 19, (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: 1-14-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Vandegrift
14. MOTHER'S MAIDEN NAME: Margaret Haines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

903.7

Immediate cause (a) Broncho-pneumonia — days

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ~~Cerebral~~ arteriosclerosis — years

DUE TO

(c) Longitudinal fracture of the neck of the left femur 4-2-53 due to accidental fall on the ward.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) [illegible]
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible]
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 4 [illegible] m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from 3-18-, 1953, to 4-19, 1953, that I last saw the deceased alive on 4-19-, 1953, and that death occurred at 8.30 a., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hohlman, M.D. ADDRESS Springfield State Hosp. DATE SIGNED 4-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-22-53
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) (State) Romney W. Va.
DATE REC'D BY LOCAL REGISTRAR 4-20-53
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Wm. H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7-7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2119E Preston Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) WAGNER
4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1953
5. SEX: Fem.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct 11, 1874
9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Dankmeyer
14. MOTHER'S MAIDEN NAME: Marie Engel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — hours
443X
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive cardiovascular disease — 20 years
(c) Thrombophlebitis of both lower extremities — more than 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — 21 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1950, to 4/26, 1953, that I last saw the deceased alive on 4/25, 1953, and that death occurred at 6 55 P.M. m., from the causes and on the date stated above.

SIGNATURE: Gertrud Sonnenfeldt (Degree or title) M.D. ADDRESS: Springfield State Hospital, Sykesville, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/29/53
NAME OF CEMETERY OR CREMATORY: Stone Chapel Cem.
LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: April 29, 1953
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: C. J. Hamburg's Son
ADDRESS: 3207 W. North Ave.

RECEIVED
APR 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03932

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH:

COUNTY: CARROLL — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL, SYKESVILLE

LENGTH OF STAY (in this place): 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRINGFIELD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: MARYLAND — COUNTY: HOWARD

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELLICOTT CITY,

STREET ADDRESS (If rural give location): Route 1, Box 50

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) — (Last) WELLS

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SEP.

8. DATE OF BIRTH: 9-15-68

9. AGE last birthday: 84 yrs.

IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN WELLS

14. MOTHER'S MAIDEN NAME: MINERVA POLTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Myocardial degeneration

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 3 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: CBS associated with disturbance of growth, metabolism or nutrition, senile brain disease, with psychotic reaction

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 30, 1953, to April 17, 1953, that I last saw the deceased alive on April 17 1953, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Izador Werbner, M.D.

ADDRESS: Springfield State Hospital, Sykesville, Maryland

DATE SIGNED: 4-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/19/53

NAME OF CEMETERY OR CREMATORY: Trinity Chapel

LOCATION (City, town, or county) (State): Pfeiffers Corner Md.

DATE REC'D BY LOCAL REGISTRAR: April 17, 1953

REGISTRAR'S SIGNATURE: C. Henry Lee

24. FUNERAL DIRECTOR: Easton Sons

ADDRESS: Ellicott City Md.

RECEIVED
APR 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03933

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 6 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hx Boarding home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) MICHEL (Last) YINGLING

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	MARRIED	DEC. 9-1885	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer Ret	B+O. Rwy.	Md.	U.S.A.

13. FATHER'S NAME: WILLIAM H. YINGLING

14. MOTHER'S MAIDEN NAME: LAVINIA V. WANTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	705-09-1848	William J. M. Yingling 24 E. Irving St. Littlestown, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a) 356.2	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Progressive Final Muscular atrophy	DUE TO	8 yrs +
(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 31, 1953, to Apr. 15, 1953, that I last saw the deceased alive on Apr. 14, 1953, and that death occurred at ..... A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
C. Reese Wilkens M.D. Westminster 4/16/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-17-1953	Bridge Cemetery	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/53	[illegible]	H. Bankard Son	Westminster, Md.

RECEIVED
APR 20 1953
BUREAU V. S.